



STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
302 W. WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

www.AttorneyGeneral.IN.gov

GREG ZOELLER
INDIANA ATTORNEY GENERAL

TELEPHONE: 317.232.6201
FAX: 317.232.7979

December 1, 2011

Honorable Mitchell E. Daniels, Jr.
Governor of the State of Indiana
206 State House
Indianapolis, IN 46204

Re: Settlement of Litigation
Michael Carter Love as Father of Destiny Linden, Deceased v. State of Indiana, et al.
Cause No. 49D07-0806-CT-025019

Dear Governor Daniels:

In accordance with Indiana Code § 34-13-3-1, *et seq.*, I hereby submit my recommendation in connection with the above referenced lawsuit. I am requesting authority to settle for an amount up to and including \$210,000.00, to be drawn from the Tort Claim Fund.

Based on investigation, I recommend that this lawsuit be settled as indicated above.

Sincerely,

Patricia Orloff Erdmann
Chief Counsel for Litigation

I agree with the foregoing recommendation and instruct the Office of the Attorney General to proceed accordingly.

Date:

12/16/11

David Pippen
Counsel to the Governor



VENDOR INFORMATION

State Form 53760 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.

Name: David B. Wilson

Daytime telephone number: 317-782-4890

Print or Type

Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this line.)
David B. Wilson

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)

Home Address (number and street, city, state, and ZIP code)

4040 South Meridian, Indianapolis IN 46217

Purchase Order Address - Optional (number and street, city, state, and ZIP code)

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) _____

or

EIN 35-2024242

Check legal entity type (A box must be checked in this section. Check only one box.)

- ☐ Individual ☒ Sole Proprietorship ☐ Partnership
☐ Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
☐ Other (Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.)
☐ Corporation Do you provide legal or medical services? ☐ Yes ☐ No
☐ Government (or Government operated entity)
☐ Organization Exempt from Tax under Section 501(c)(3)

One box must be checked ☒ I am a U.S. Person (including a U.S. resident alien) ☐ I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

☐ Add Deposit ☐ Change Deposit Indiana law (I.C. 4-13-2-14.1) requires that YOU receive PAYMENTS by means of electronic transfer of funds.

SECTION II: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder Name: _____

Account Number: _____

Type of Account:

☐ Checking (Demand)

☐ Savings

☐ Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-altered voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____

Telephone: (____) _____

Address: _____

Number and Street, and/or P.O. Box No. _____

City, State, and ZIP Code (00000-0000) _____

ABA Transit-Routing Number _____

Financial Institution's Authorized Signature _____

Title _____

Date _____, 20____

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.

NAME (print or type)

David B. Wilson

TITLE

Owner

AUTHORIZED SIGNATURE

David B. Wilson

DATE 12-20-11

TELEPHONE NUMBER 317-782-4890



REQUIRED SETTLEMENT PAYMENT INFORMATION
786630_Rev 2011-05

OFFICE OF ATTORNEY GENERAL
Accounting and Payroll Department
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204

Before the Auditor of State Office will issue a payment in connection with the settlement of a claim, lawsuit or judgment, the following information must be provided.

| | |
|---|----------------------|
| 1. Who will the payment be made to: <u>David B. Wilson</u> | |
| 2. Is the attorney on the Auditor of State's vendor file? <input type="checkbox"/> Yes Enter Vendor Number: _____ <input checked="" type="checkbox"/> No Include a completed Vendor Information Form <input type="checkbox"/> N/A | |
| 3. Is the claimant on the Auditor of State's vendor file? <input type="checkbox"/> Yes Enter Vendor Number: _____ <input checked="" type="checkbox"/> No Include a completed Vendor Information Form <input type="checkbox"/> N/A | |
| 4. Is the claimant a current or former State of Indiana employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| 5. Type of damage award (Check all that are applicable and include the dollar amount) | |
| <input type="checkbox"/> Back pay or lost wages (If claimant is a current or former State of Indiana employee then the payment for back pay or lost wages must be processed through the Auditor of State's Payroll Department and reported on Form W-2) | \$ _____ |
| <input type="checkbox"/> Employment discrimination | \$ _____ |
| <input type="checkbox"/> Physical Injury | \$ _____ |
| <input type="checkbox"/> Reimbursement of medical expenses | \$ _____ |
| <input type="checkbox"/> Punitive damages | \$ _____ |
| <input type="checkbox"/> Emotional injury (Pain and suffering, depression, anxiety, etc.) | \$ _____ |
| <input type="checkbox"/> Due to physical injuries or sickness | \$ _____ |
| <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Property Damage | \$ _____ |
| <input checked="" type="checkbox"/> Other (Please specify) | \$ <u>105,000.00</u> |

Josh T. Martin
Form Completed by

317-636-7460
Phone

12/22/11
Date

| Payment Hndlg | Vendor |
|---------------|------------|
| GP | 0000105537 |

| Bus. Unit | Fund | Acct. |
|-----------|-------|--------|
| 00046 | 18730 | 593010 |

| Payment Date | Warrant |
|--------------|-----------|
| 12/30/2011 | 101212904 |

INVOICE #: 49D07 0806 CT 025019 B

P.O. #:

| INVC. DATE | GROSS | P.O. INTEREST | DISCOUNT | NET |
|------------|------------|---------------|----------|------------|
| 12/27/2011 | 105,000.00 | 0.00 | 0.00 | 105,000.00 |

Payment Message:

GP/00046
101212904
105000-00

WILSON, DAVID B ATTORNEY

4040 SMERIDIAN
INDIANAPOLIS, IN 46217

0470 0002 4808 2172

7011

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

| | | |
|---|----|------|
| Postage | \$ | |
| Certified Fee | | 2.85 |
| Return Receipt Fee (Endorsement Required) | | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | 5.59 |

Postmark
Here

Sent To: David Wilson
Street, Apt. No.,
or PO Box No. 4040 S. Meridian St
City, State, ZIP+4 Indianapolis, IN 46217

PS Form 3800, April 2008 See Reverse for Instructions

LAW
LEWIS AND WILKINS LLP
Attorneys at Law
South Bend • Indianapolis • Fishers

January 5, 2012

Joshua T. Martin
martin@lewisandwilkins.com

David B. Wilson
ATTORNEY AT LAW
4040 S. Meridian Street
Indianapolis, IN 46217

RE: *Love v. Department of Child Services*
Cause No. 49D07-0806-CT-025019

COPY

Dear Mr. Wilson:

The Governor has approved the recommendation of the Office of Attorney General to settle the above-referenced claim. Accordingly, I am enclosing State warrant number 101212904, drawn by the Auditor of the State of Indiana on the State Treasury, made payable to you and your client in the amount of One Hundred Five Thousand Dollars and No Cents (\$105,000.00), in full settlement and release of this claim. Thank you.

Very truly yours,



Joshua T. Martin
Attorney at Law

SENT VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

| Payment Hndlg | Vendor |
|---------------|------------|
| GP | 0000108537 |

| Bus. Unit | Fund | Acct. |
|-----------|-------|--------|
| 00046 | 18730 | 593010 |

| Payment Date | Warrant |
|--------------|-----------|
| 12/30/2011 | 101212904 |

INVOICE #: 49D07 0806 CT 025019 B

P.O. #:

| INVC. DATE | GROSS | P.O. INTEREST | DISCOUNT | NET |
|------------|------------|---------------|----------|------------|
| 12/27/2011 | 105,000.00 | 0.00 | 0.00 | 105,000.00 |

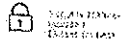
Payment Message:

State Form 43378 (R2 /11-04)
Form approved by State Board of Accounts, 2004
THIS WARRANT VOID AFTER 2 YEARS AFTER DEC. 31 OF THE YEAR OF ISSUE
00046 18730 593010

AUDITOR OF STATE OF INDIANA
STATE HOUSE, INDIANAPOLIS, INDIANA 46204

20-103
740

WARRANT NO.
101212904



PAY

One Hundred Five Thousand and 00/100 Dollars

DATE
12/30/2011

THE SUM OF
\$105,000.00

PAY
TO THE
ORDER
OF

WILSON, DAVID B ATTORNEY
4040 SMERIDIAN
INDIANAPOLIS, IN 46217

Tom Berry

STATE AUDITOR

101212904 074001035 8000000 211

GP/00046
101212904
105000-00

WILSON, DAVID B ATTORNEY

4040 SMERIDIAN
INDIANAPOLIS, IN 46217



STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
302 W. WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

www.AttorneyGeneral.IN.gov

GREG ZOELLER
INDIANA ATTORNEY GENERAL

TELEPHONE: 317.232.6201
FAX: 317.232.7979

December 1, 2011

Honorable Mitchell E. Daniels, Jr.
Governor of the State of Indiana
206 State House
Indianapolis, IN 46204

Re: Settlement of Litigation
Michael Carter Love as Father of Destiny Linden, Deceased v. State of Indiana, et al.
Cause No. 49D07-0806-CT-025019

Dear Governor Daniels:

In accordance with Indiana Code § 34-13-3-1, *et seq.*, I hereby submit my recommendation in connection with the above referenced lawsuit. I am requesting authority to settle for an amount up to and including \$210,000.00, to be drawn from the Tort Claim Fund.

Based on investigation, I recommend that this lawsuit be settled as indicated above.

Sincerely,

A handwritten signature in black ink, appearing to read "PE", with a long horizontal flourish extending to the right.

Patricia Orloff Erdmann
Chief Counsel for Litigation

I agree with the foregoing recommendation and instruct the Office of the Attorney General to proceed accordingly.

Date: 12/16/11

A handwritten signature in black ink, appearing to read "DP", with a long horizontal flourish extending to the right.

David Pippen
Counsel to the Governor

**VENDOR INFORMATION**

State Form 53788 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.

Name: Janison J. Allen

Daytime telephone number: 317-624-4557

Print or Type
Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this form.)
Lee Corseil Kuehn Crowley & Turner
Trade Name (Doing Business as Name D/B/A) (Complete only if payments are to be made payable to the D/B/A name)

Mailing Address (number and street, city, state, and ZIP code)
127 E Michigan St, Indianapolis, IN
Purchase Order Address - Optional (number and street, city, state, and ZIP code)
46204

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN - Social Security Number, EIN - Employer Identification Number)
(Individual's SSN) _____ or EIN 35-1738271

Check legal entity type (A box must be checked in this section. Check only one box.)

☐ Individual ☐ Sole Proprietorship ☐ Partnership
☐ Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
☒ Other (Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.)
☐ Corporation Do you provide legal or medical services? ☐ Yes ☐ No
☐ Government (or Government operated entity)
☐ Organization Exempt from Tax under Section 501(c)

One box must be checked ☒ I am a U.S. Person (including a U.S. resident alien) ☐ I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

☐ Add Deposit ☐ Change Deposit Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

SECTION 1: AUTHORIZATION
According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:
Account Holder Name: _____ Account Number: _____
Type of Account: ☐ Checking (Demand) ☐ Savings
☐ Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-cleared voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept instant deposits under the terms set forth herein:

Name of Financial Institution: _____
Telephone: (____) _____
Address: _____
Number, Street, and/or P.O. Box No. _____ Financial Institution's Authorized Signature _____
City, State, and ZIP Code (00000-0000) _____ Date _____
ABA Trans-Route Number _____ Date _____

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS
(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)
I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.
NAME (print or type) Janison J. Allen TITLE Associate Attorney
AUTHORIZED SIGNATURE [Signature] DATE 10/20/2011 TELEPHONE NUMBER 317-624-4561



REQUIRED SETTLEMENT PAYMENT INFORMATION
786630_Rev 2/11-06

OFFICE OF ATTORNEY GENERAL
Accounting and Payroll Department
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204

Before the Auditor of State Office will issue a payment in connection with the settlement of a claim, lawsuit or judgment, the following information must be provided.

| | |
|---|----------------------|
| 1. Who will the payment be made to: <u>Lee Cassell Kuchn Crowley & Turner LLP</u> | |
| 2. Is the attorney on the Auditor of State's vendor file? <input type="checkbox"/> Yes Enter Vendor Number: _____ <input checked="" type="checkbox"/> No Include a completed Vendor Information Form <input type="checkbox"/> N/A | |
| 3. Is the claimant on the Auditor of State's vendor file? <input type="checkbox"/> Yes Enter Vendor Number: _____ <input checked="" type="checkbox"/> No Include a completed Vendor Information Form <input type="checkbox"/> N/A | |
| 4. Is the claimant a current or former State of Indiana employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| 5. Type of damage award (Check all that are applicable and include the dollar amount) | |
| <input type="checkbox"/> Back pay or lost wages (If claimant is a current or former State of Indiana employee then the payment for back pay or lost wages must be processed through the Auditor of State's Payroll Department and reported on Form W-2) | \$ _____ |
| <input type="checkbox"/> Employment discrimination | \$ _____ |
| <input type="checkbox"/> Physical Injury | \$ _____ |
| <input type="checkbox"/> Reimbursement of medical expenses | \$ _____ |
| <input type="checkbox"/> Punitive damages | \$ _____ |
| <input type="checkbox"/> Emotional injury (Pain and suffering, depression, anxiety, etc.) | \$ _____ |
| <input type="checkbox"/> Due to physical injuries or sickness | \$ _____ |
| <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Property Damage | \$ _____ |
| <input checked="" type="checkbox"/> Other (Please specify) | \$ <u>105,000.00</u> |

Josh T. Martin
Form Completed by

317-636-7460
Phone

12/22/11
Date

A0000342011

| Payment Hndlg | Vendor |
|---------------|------------|
| RW | 0000101556 |

| Bus. Unit | Fund | Acct. |
|-----------|-------|--------|
| 00046 | 18730 | 593010 |

| Payment Date | Warrant |
|--------------|-----------|
| 01/11/2012 | 101214876 |

INVOICE #: 49D07 0806 CT 025019 A

P.O. #:

| INVC. DATE | GROSS | P.O. INTEREST | DISCOUNT | NET |
|------------|------------|---------------|----------|------------|
| 12/27/2011 | 105,000.00 | 0.00 | 0.00 | 105,000.00 |

Payment Message:

THIS IS WATER MARKED PAPER. DO NOT ACCEPT ANYTHING WITHOUT THE WATER MARK. IF YOU DO, YOU WILL BE COVERED BY WATER MARK.

State Form 43378 (R4/1-12)
Form approved by State Board of Accounts, 2012
THIS WARRANT VOID AFTER 1 YEAR AFTER DEC. 31 OF THE YEAR OF ISSUE

AUDITOR OF STATE OF INDIANA
STATE HOUSE, INDIANAPOLIS, INDIANA 46204

20-103
740

WARRANT NO.
101214976

00046 18730 593010

PAY

One Hundred Five Thousand and 00/100 Dollars

PAY
TO THE
ORDER
OF

LEE COSSELL KUEHN CROWLEY AND TURNER

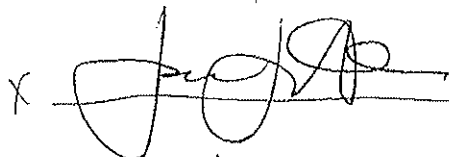
127 EAST MICHIGAN STREET
INDIANAPOLIS, IN 46204DATE
01/11/2012THE SUM OF
\$105,000.00

STATE AUDITOR

101214976 0740010351 800000 20

RW/00046
101214976
105000-00

Received by

X 

date: Jan 19, 2012

LEE COSSELL KUEHN CROWLEY AND TURNER

127 EAST MICHIGAN STREET
INDIANAPOLIS, IN 46204

A000942671